

Well-Being

FALL 2003

Benefits Basics

Look inside for important information about your CIGNA HealthCare benefits plan. Save this special Benefits Basics newsletter and keep it handy for future reference. In Benefits Basics, you'll learn about:

- EMERGENCY AND URGENT CARE
- REFERRALS AND COVERAGE DECISIONS
- YOUR RIGHTS AND RESPONSIBILITIES
- PRESCRIPTION DRUGS
- HOW TO VOICE A CONCERN
- PREVENTIVE HEALTH GUIDELINES
- QUALITY AND NEW TECHNOLOGY

For Your Safety

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education

EDUCATE YOURSELF

Patient Safety Resources

CIGNA HealthCare encourages practices that can help ensure your safety as a patient. The resources listed below offer safety guidelines for you to go by when visiting your doctor or choosing a hospital.

SPEAK UP for Safety

You play a role in your own safety as a patient. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) suggests that you use the phrase “SPEAK UP” as a guide for taking control of your safety:

- S** Speak up if you have questions or concerns—don’t hesitate to talk to your doctor.
- P** Pay attention to the care you are receiving.
- E** Educate yourself about your diagnosis, medical tests and treatment plan.
- A** Ask a trusted family member or friend to be your advocate.
- K** Know what medications you take and why you take them.



- U** Use a health care organization that has undergone a rigorous on-site evaluation by an independent accrediting agency.
- P** Participate in all decisions about your treatment.

To learn more, visit www.jcaho.org.

The Leapfrog Group

A group of Fortune 500 companies created The Leapfrog Group to help reduce medical mistakes and to help consumers be informed when choosing a hospital. The Leapfrog Group focuses on three areas of patient safety:

- doctors writing prescriptions by computer instead of by hand
- hospitals staffing intensive care units with critical care physicians
- patients being able to choose a network hospital based on its rate of success with procedures they need

To learn more, visit www.leapfroggroup.org.

what's news

SKIN SELF-EXAM Examining your skin can be an important part of skin cancer detection, according to a new study published by the *Archives of Dermatology*. The study found that skin self-examination is the next best thing to a dermatologist exam in finding cancer. For more information, visit the American Academy of Dermatology’s Web site at www.aad.org.

NEW BLOOD PRESSURE GUIDELINES

The National Heart, Lung, and Blood Institute has released new guidelines for high blood pressure prevention, detection and treatment. These guidelines include a new level: prehypertension. A reading of

120-139/80-89, previously considered normal, is now considered to be prehypertension and indicates a need for lifestyle changes.

FIND ANSWERS ON myCIGNA.com If you haven’t visited myCIGNA.com, you don’t know what you’re missing. Log on and check the details of your personal benefits plan design, find out the status of claims, learn the answers to your health care and benefits questions and read up on the latest health news. You can choose a hospital, find a new doctor and even monitor your health status—all online! myCIGNA.com: your health, your benefits, your convenience.



PROTECTING OUR MEMBERS' CONFIDENTIALITY

At CIGNA HealthCare, we are committed to maintaining the confidentiality of our members' health information. We have established policies and safeguards to protect oral, written and electronic information across our organization. You should have received a privacy notice from CIGNA HealthCare or your employer, depending on the type of benefits plan you have.

If your privacy notice came from your employer, you can ask your employer for a

copy. If it came from CIGNA HealthCare, you will find a copy of our Notice of Privacy Practices on our Web site at www.cigna.com/general/misc/privacy.html. It describes how we use and disclose protected health information and advises members of their rights under federal and state law. If you prefer, you can get a copy of our notice by calling Member Services at the toll-free number on your CIGNA HealthCare ID card.

Which Health Plan Is Right for Me?

Choosing a health care plan is one of the most important personal and financial decisions you will make this year. Don't decide before you ask questions and have all the facts. This checklist can help you evaluate which plan is right for you.

Can you choose from a variety of doctors and hospitals in the health plan provider network?

Check out our broad range of providers in the Provider Directory or view our online directory at www.cigna.com.

Are preventive care services offered?

CIGNA HealthCare managed care plans offer preventive care services for men, women and children so that you and your family can help yourselves stay healthy.

Do you have access to health information when you need it?

The toll-free CIGNA HealthCare 24-Hour Health Information LineSM



is accessible by phone all day, every day. You can talk with a registered nurse or listen to recordings on hundreds of health topics.

Does the plan provide customer service in your language?

CIGNA HealthCare can provide customer service in more than 140 languages.

Can you receive discounts on services such as cosmetic dentistry and chiropractic care?

The CIGNA *Healthy Rewards*[®] program offers discounts on several health and wellness services including cosmetic dentistry, chiropractic care, massage therapy, acupuncture, eyewear and hearing care. Discounts on stress management, weight management and tobacco cessation programs are also part of *Healthy Rewards*[®]. Go to www.cigna.com/healthyrewards for more information.*



Can you access your benefits plan information online?

Through *myCIGNA.com* personal Web pages, you can look up details of your specific benefits plan design, check the status of claims, look up drug information, learn about health conditions and treatment options, compare hospitals, monitor your health status and more. Go to *myCIGNA.com* and click on "Demo" to see what else it offers.



*Not all *Healthy Rewards*[®] programs are available in all states. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. *Healthy Rewards*[®] programs are separate from your medical benefits. A discount program is NOT insurance, and the member must pay the entire discounted charge.



Shoo, Flu!

It's almost flu season again: Are you ready? Protect yourself this winter by getting a flu shot.

Every year the flu strikes 10 to 20 percent of the U.S. population, according to the Centers for Disease Control and Prevention. It hits fast, is very contagious and lasts a week or two. For most healthy adults and children, the flu is not a serious health threat. But for some people, it can lead to severe illnesses, such as pneumonia, which can be very dangerous. You may need a flu shot if you:

- are age 50 or older
- are a health care provider
- have a chronic heart or lung condition
- have asthma, diabetes, kidney disease, severe anemia or a compromised immune system



- live in a nursing home
- live with someone in any of these groups

Since the flu is caused by different viruses every year, you need a shot every year to be protected. Peak flu season is usually from November through April, so the best time to get a shot is from October through November.

Don't let the flu come knocking on your door this season. Talk with your doctor about whether a flu shot is right for you.

CALLING FOR PINK RIBBONS

Once again, CIGNA HealthCare is making a nationwide effort to raise breast cancer awareness. We will kick off our annual Pink Ribbon Campaign in late October, calling members who are overdue for a mammogram as a reminder to schedule one. During last year's campaign, we were able to reach more than 51,000 women. We are making many calls—you may hear from us!



build your bones for better health

AFTER AGE 30, you may experience a slow rate of bone loss. Taking preventive steps may help protect you from getting the bone disease osteoporosis.

What Is Osteoporosis?

With osteoporosis, bone cells do not replace themselves fast enough, and the space between them grows, causing bones to weaken. As you get older, osteoporosis can lead to bone fractures.

Who Is at Risk?

Although men do get osteoporosis, it is more common in women. The National Osteoporosis Foundation estimates that 8 million of the 10 million Americans who suffer from the disease are women.

The risk increases for women who:

- have experienced menopause
- stop menstruating due to eating disorders or excessive exercise
- are Asian or Caucasian
- are small-framed
- take certain medications for endometriosis, cancer or asthma



There is no cure, but medication can help treat osteoporosis.

How Can I Prevent Osteoporosis?

Try these steps to help lower your risk:

- Eat a diet high in calcium. The National Academy of Sciences recommends 1,000 mg daily for people ages 31 to 50 and 1,200 mg for people over age 50. Dairy foods and leafy vegetables are good sources of calcium.
- Get plenty of vitamin D. Being in sunlight for 20 minutes a day helps your body make vitamin D. You can also get it from eggs, milk and fish.
- Avoid smoking and limit your alcohol intake.
- Exercise. Weight-bearing exercise, such as walking and jogging, strengthens muscles and bones. Talk with your doctor before you begin.

Because bone loss occurs without symptoms, you may not know if you have osteoporosis until you break a bone. If you are concerned, ask your doctor if a bone density test is right for you.

Please note: The next eight pages make up our special Benefits Basics section, which contains important information about your CIGNA HealthCare benefits plan. This information can help you learn how to better use your benefits. Remember to save this newsletter and keep it with your other benefits materials for future reference. If you have questions about your benefits, call Member Services at the toll-free number on your CIGNA HealthCare ID card.



How to Get Emergency and Urgent Care

It can be hard to know what to do when you or one of your family members becomes ill suddenly or has an accident. You can help prepare for these situations by learning as much as you can about how to get emergency and urgent care before you need it.

When It's an Emergency

An emergency is an accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away to prevent loss of life, serious medical complications or permanent disability. Emergency care is covered under the terms of your plan.

How to know. Examples of emergency conditions can include:

- uncontrolled bleeding
- seizure or loss of consciousness
- chest pain or squeezing sensation in the chest
- shortness of breath
- suspected overdose or poisoning
- sudden paralysis or slurred speech
- broken bones
- severe pain
- active labor

What to do. Seek medical care immediately in an emergency—go directly to the nearest emergency facility or call 911 or your local emergency services number. You do not need a referral from your Primary Care Physician (PCP) or authorization before receiving emergency care.

How to follow up. Call your PCP (or have someone call for you) for further assistance and follow-up care. When possible, you should call your PCP within 48 hours of visiting the emergency room. Call sooner if your emergency physician says you should.

When It's Urgent

CIGNA HealthCare requires your PCP or his or her designated on-call doctor to be available 24 hours a day, seven days a week to provide advice or treatment in an urgent situation.

How to know. Examples of conditions usually considered urgent include minor cuts or burns, vomiting, ear infections and minor pain.

What to do. In urgent situations call your PCP for advice. He or she will direct you to the most appropriate place for care: urgent care center, doctor's office or emergency room.

When You're Traveling

If you need emergency or urgent care while you are traveling, rest assured that wherever you go, your coverage goes with you.

What to do. If an emergency arises while you are traveling, go to the nearest emergency facility or call 911. In an urgent situation go to a local doctor, urgent care center or emergency room. If you need to pay for your treatment at the time that you receive it, save your receipts so that you can submit them for reimbursement. Call Member Services to find out how to submit your receipts.

How to follow up. If you are ever hospitalized while traveling, call your PCP as soon as possible. When possible, you should call your PCP within 48 hours.

Referrals and Coverage Decisions

Referrals Made Simple

WHAT IS A REFERRAL and what can it do for you? A referral is the authorization your Primary Care Physician (PCP) gives you to see a physician who specializes in the care you need. Some benefits plans require a referral for specialty care. A referral helps ensure that the care you receive from a specialist in the CIGNA HealthCare network is covered at the maximum benefits level. Specialists include cardiologists, surgeons and orthopedists. *(You can see an OB/GYN in the network for covered services without a referral.)* If your PCP is part of a medical group, you may be required to see specialists within that medical group for services to be covered. To learn more, contact Member Services at the toll-free number on your CIGNA HealthCare ID card. If you are a member of an open access plan, you do not need to obtain a referral to see a specialist.

When you have a nonemergency health problem, see your PCP. After examining you, your PCP will, if necessary, refer you to a specialist.

Your PCP will decide the number of visits and length of time for which the referral is valid. If you cannot schedule an appointment with the specialist in that period, ask your PCP to extend the referral. You can get a routine referral for up to three visits in six months. For chronic conditions such as diabetes or asthma, you can get a referral for up to 12 visits within a 12-month period.

A specialist cannot refer you to another doctor. If you need a referral to a second specialist, call your PCP.

If your CIGNA HealthCare plan covers behavioral health services, you do not need a referral from your PCP to access these outpatient services. To be sure your behavioral health provider is in

the CIGNA Behavioral Health network, check the online provider directory at www.cignabehavioral.com.

Referral policies may vary based on state laws. Depending on your plan, you may be able to see some specialists without a referral. Check your benefits materials or call Member Services for information about your plan's referral requirements.



making coverage decisions

CIGNA HEALTHCARE has reduced the number of outpatient services that need prior authorization of coverage. Those services that still require that a physician obtain prior authorization of coverage from CIGNA HealthCare are:

- Primary Care Physician referrals to providers who are not participating in the CIGNA HealthCare network of providers (includes second medical opinion referrals)
- nonemergency hospital admissions
- services for which coverage is limited by the benefits plan (In these instances, coverage decisions help you know your potential cost in advance.)
- a limited number of outpatient services

Your physician can request prior authorization of coverage by telephone, fax or mail. We may ask for medical information about your condition and the treatment planned as needed to determine if the services are covered by your benefits plan or to identify

benefits of which your physician may not be aware. Check with your doctor before receiving services to see if a prior authorization of coverage is required and if it's in place.

When making a coverage decision, CIGNA HealthCare medical professionals consider the member's individual circumstances and the terms of the benefits plan. They may also use resources such as outside experts and nationally recognized treatment guidelines.

Some services may not be covered due to benefits plan limitation even when medically necessary and prescribed by a CIGNA HealthCare participating provider. If you obtain noncovered services, you will be billed directly for the full cost. Check your Group Service Agreement or other plan document for more information.

If you have questions, call Member Services at the toll-free number on your CIGNA HealthCare ID card.

What You Can Expect From Us

What You Need to Know

Here's what you can expect from us, along with what you need to know about your role in using your CIGNA HealthCare plan. Additional rights may be guaranteed by state law. Please check your benefits materials for more information.

You Have the Right to:

- Medical treatment that is available when you need it and is handled in a way that respects your privacy and dignity.
- Get the information you need about your health care plan, including information about services that are covered, services that are not covered and any costs that you will be responsible for paying.
- Have access to a current list of providers in the CIGNA HealthCare network and have access to information about a particular provider's education, training and practice.
- Select a Primary Care Physician (PCP) for yourself and each covered member of your family, and to change your PCP for any reason.
- Have your medical information kept confidential by CIGNA HealthCare employees and your health care provider. Confidentiality laws and professional rules of behavior allow CIGNA HealthCare to release medical information only when it's required for your care, required by law, necessary for the administration of your plan or to support CIGNA HealthCare programs or operations that evaluate quality and service. We may also summarize information in reports that do not identify you or any other members specifically.
- Have your health care provider give you information about your medical condition and your treatment options regardless of benefits coverage or cost. You have the right to receive this information in terms you understand.
- Learn about any care you receive. You should be asked for your consent for all care, unless there is an emergency and your life and health are in serious danger.
- Refuse medical care. If you refuse medical care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your PCP. Your doctor will give you advice, but you will always have the final decision.
- Be heard. Our complaint-handling process is designed to hear and act on your complaint or concern about CIGNA HealthCare and/or the quality of care you receive, provide a courteous, prompt response and guide you through our grievance process if you do not agree with our decision.
- Make recommendations regarding our policies on member rights and responsibilities. If you have recommendations, please contact Member Services at the toll-free number on your CIGNA HealthCare ID card.



You Have the Responsibility to:

- Review and understand the information you receive about your health care plan. Please call CIGNA HealthCare Member Services when you have questions or concerns.
- Understand how to use CIGNA HealthCare services.
- Show your CIGNA HealthCare ID card before you receive care.
- Schedule a new patient appointment when you select a new PCP from the CIGNA HealthCare network, build a comfortable relationship with your doctor, ask questions about things you don't understand and follow your doctor's advice. You should understand that your condition may not improve and may even get worse if you don't follow your doctor's advice.
- Understand your health condition and work with your doctor to develop treatment goals that you both agree upon to the extent that this is possible.
- Provide honest, complete information to the providers caring for you.
- Know what medicine you take, why and how to take it.
- Pay all copayments for which you are responsible, at the time service is rendered.
- Keep scheduled appointments and notify the doctor's office ahead of time if you are going to be late or miss an appointment.
- Pay all charges for missed appointments and for services that are not covered by your plan.
- Voice your opinions, concerns or complaints to CIGNA HealthCare Member Services and/or your provider.
- Notify your benefits administrator as soon as possible about any changes in family size, address, phone number or membership status.

Prescription Drug Benefits

Information on this page applies only to members who have prescription drug benefits provided by CIGNA HealthCare. To find out whether you have prescription drug coverage through CIGNA HealthCare, please check your benefits materials.



Our Prescription Drug List*

The goal of the CIGNA HealthCare Prescription Drug List is to help keep quality drugs affordable for members with CIGNA HealthCare prescription drug benefits.

What is the prescription drug list? It is an extensive list of brand-name and generic prescription drugs that are covered by CIGNA HealthCare.

How can I find out if a drug is on the prescription drug list? If you have questions about the CIGNA HealthCare Prescription Drug List or want to know whether a drug is on the list, go to www.cigna.com or call Member Services at the toll-free number on your CIGNA HealthCare ID card.

Does my doctor know what's on the prescription drug list? Doctors in the network have copies of the prescription drug list and should refer to the list when they need to prescribe drugs to CIGNA HealthCare members.

If your doctor wants to prescribe a drug for you that is not on the prescription drug list, he or she can call CIGNA HealthCare to request approval for coverage of an exception.

How does CIGNA HealthCare keep the prescription drug list up-to-date? The CIGNA HealthCare Pharmacy and Therapeutics (P&T) Committee, a panel of independent physicians and pharmacists, updates this list regularly.

The list includes quality drugs available to you at reasonable cost. The P&T Committee reviews and evaluates all available literature on a drug when updating the list.

To find out whether you have prescription drug benefits through CIGNA HealthCare, please check your benefits materials.

*CIGNA HealthCare offers several options for prescription drug coverage. This information applies only to our two-tier and three-tier prescription drug plans that have a prescription drug list. The prescription drug list includes brand-name and generic prescription drugs that are covered by CIGNA HealthCare. Copayment amounts for these drugs vary by plan. Please check your benefits materials for your copayment amounts.

CIGNA Tel-Drug Delivers

The CIGNA Tel-Drug home delivery pharmacy program is an easy way for members with CIGNA HealthCare pharmacy benefits to fill prescriptions for covered drugs and have them delivered to their door. Many members also have lower out-of-pocket costs when using CIGNA Tel-Drug.*

At www.teldrug.com, you can:

- fill, refill and transfer prescriptions for covered drugs
- order up to a 90-day supply of medication at one time
- keep a patient profile
- ask a pharmacist questions
- check the status of your order and request your order history



Visit www.teldrug.com or call CIGNA Tel-Drug at 1.800.TEL.DRUG (1.800.835.3784) for more information. Call Member Services at the number on your CIGNA HealthCare ID card or check your benefits materials to find out your copayment amount.

To find out whether you have mail-order prescription drug benefits through CIGNA HealthCare, check your benefits materials.

* Cost savings are based on a 90-day supply and are subject to plan provisions.

AT THE PHARMACY Here are a few ways you can save money if you have prescription drug benefits through CIGNA HealthCare:

- Have your prescription filled at any one of the 51,000 participating pharmacies in the CIGNA HealthCare national network. For help finding a pharmacy in your area, check our Web site at www.cigna.com or call Member Services at the toll-free number on your CIGNA HealthCare ID card.
- When you drop off your prescription, be sure to show your CIGNA HealthCare ID card. This will help you receive coverage at the maximum benefits level.

ON THE WEB Visit www.cigna.com. If you have prescription drug coverage through CIGNA HealthCare, you can find a participating pharmacy in your area by clicking on "Provider Directory." You can also search the prescription drug list by drug category or name. Through myCIGNA.com personal Web pages, you can use PharmaAdvisorSM to compare drugs used to treat specific conditions and to check for drug interactions.

Know How to Voice Your Concerns or Complaints

CIGNA HealthCare wants you to be satisfied with your health care plan. That's why we have a process* to address your concerns and complaints and an appeal process to request review of coverage decisions.

Member Services Can Help

If you have questions about coverage or services or are experiencing a problem, start by calling Member Services at the toll-free number on your CIGNA HealthCare ID card. A representative will try to answer your questions (other than requests for coverage review decisions) or resolve your concerns/complaints during the call. If Member Services cannot resolve your concerns, ask the representative for more information about how to have your concerns addressed.



How to Request an Appeal of a Coverage Decision

The specific appeal process that applies to you is determined by the type of benefits plan your employer has chosen and follows state and/or federal rules that apply to that type of benefits plan. If you request review of a coverage decision, you will be given information about the appeal process. You can also refer to your Group Service

Agreement, Group Insurance Certificate or other benefits plan document or call Member Services for additional information.

Following is a general description of the CIGNA HealthCare national two-level appeal process for coverage decisions. To begin the process, send your request for a review to the address provided in your benefits materials or call Member Services at the number on your CIGNA HealthCare ID card. Indicate why you believe the first decision should be reviewed again. Include any documentation that supports your appeal with your written appeal request or promptly after you request an appeal by phone.

Your request will be reviewed by someone who was not involved in the initial decision and who can take corrective action. Decisions will be based upon the terms of your benefits plan. A physician will be involved in any review related to medical necessity. If your situation requires urgent care, the review and response will be expedited.

You will be notified of the appeal decision. If you're not satisfied with the first-level appeal decision, the CIGNA HealthCare national appeal process offers another review. In most cases, an appeals committee will conduct this additional review. The committee will consist of at least three people, and decisions will be made by committee members who were not involved in the initial decision or prior appeal. You will be notified in advance as to when the meeting will occur, and you, or your representative, can present your situation to the committee in person, by phone or in writing. In urgent cases, the review and response will be expedited.

An Independent External Review May Be Available

You will be notified of the final appeal decision. If you are not

satisfied with the decision, other remedies may be available to you, depending on the type of plan that your employer has chosen and the state rules that apply to that type of benefits plan.

If the appeal involves a coverage decision based on issues of medical necessity or experimental treatment, the CIGNA HealthCare national appeal process offers independent review by an external review organization. If external review is available to you under the CIGNA HealthCare national process or under state rules, you will be provided with instructions, after the final internal appeal, on how to request this review. The decision of the external reviewer under the CIGNA HealthCare national process is binding upon CIGNA HealthCare or your employer, but not upon you.

If you are covered under an insurance policy or by an HMO, the state insurance department or other government agency may be able to assist you in resolving your dispute. If your benefits plan is self-insured by your employer, your employer may have elected not to offer external review. Check with your employer or in your summary plan description for more options.

In most cases, you must complete the CIGNA HealthCare appeal process described above before pursuing arbitration or legal action. You should consider taking advantage of the independent external review that may be available. To learn more about the appeal process, call Member Services.

* If you are covered under an insurance policy or by an HMO, we address your concerns, complaints and appeals according to state rules. Those rules may vary from our national process described above. Please check your benefits materials for more information.

Preventive Health Guidelines

ARE YOU DOING ALL YOU CAN to help yourself stay healthy? We encourage you to contact your physician to take advantage of the preventive care services that are offered through your health care plan. You may find the guidelines on these two pages to be a good reference for you and your family members. For more information about these Preventive Health Guidelines, go to the CIGNA HealthCare Web site, www.cigna.com, or call Member Services at the toll-free number on your CIGNA HealthCare ID card. If you are due for a visit, call your Primary Care Physician (PCP) for an appointment and to discuss and obtain preventive care services that are appropriate for you.

Birth to 2 Years

Well-baby exam: at birth, 1, 2, 4, 6, 9, 12, 15, 18 and 24 months. In addition to general advice on your baby's health and development, your baby should have an exam and may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Diphtheria, tetanus and acellular pertussis (DTaP):** at 2, 4 and 6 months and between 15 and 18 months
- **Haemophilus influenzae b (Hib):** at 2, 4 and 6 months and between 12 and 15 months
- **Hepatitis B virus (HBV):** at birth, 1 to 4 months and 6 to 18 months; or at 1 to 2 months, 4 months and 6 to 18 months
- **Measles-mumps-rubella (MMR):** between 12 and 15 months
- **Pneumococcal conjugate (PCV):** at 2, 4 and 6 months and between 12 and 15 months
- **Poliovirus (IPV):** at 2 and 4 months and between 6 and 18 months
- **Varicella (chickenpox):** between 12 and 18 months

Screenings

- **Hearing:** as a newborn and as child's PCP advises
- **Hemoglobin and hematocrit (Hgb/Hct):** once between 9 and 12 months
- **Weight, length and head circumference:** at each visit



Ages 3 to 10

Well-child exam: once a year for children ages 3 to 5 and every 2 years for children ages 6 to 10. You should receive advice about your child's safety, health and development. In addition, during this exam your child may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Diphtheria, tetanus and acellular pertussis (DTaP):** between ages 4 and 6
- **Measles-mumps-rubella (MMR):** between ages 4 and 6 or 11 and 12
- **Poliovirus (IPV):** between ages 4 and 6
- **Varicella (chickenpox):** if no evidence of prior immunization or chickenpox

Screenings

- **Blood pressure:** at each visit
- **Eye exam:** at ages 3, 4, 5, 6, 8 and 10 or as child's PCP advises
- **Hearing:** at ages 4, 5, 6, 8 and 10 or as child's PCP advises
- **Height and weight:** at each visit



Ages 11 to 18

Well-person exam: once a year during this age range. During this exam your child may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Hepatitis B virus (HBV):** between ages 11 and 12 if not previously immunized
- **Measles-mumps-rubella (MMR):** if not already immune
- **Tetanus-diphtheria (Td) booster:** every 10 years
- **Varicella (chickenpox):** if not already immune

Screenings

- **Blood pressure:** annually
- **Eye exam and hearing:** at ages 12, 15 and 18 or as child's PCP advises
- **Height and weight:** annually



Ages 19 and Older

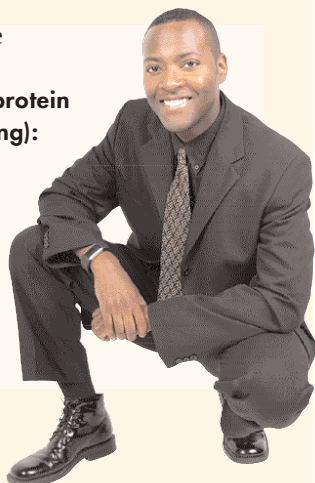
Well-person exam: as often as your PCP advises. At this exam you may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Influenza (flu):** ages 19 to 49, as your PCP advises; ages 50 and older, annually
- **Pneumonia vaccine:** ages 65 and older, once
- **Rubella (German measles):** women of childbearing age if not immune
- **Tetanus-diphtheria (Td):** every 10 years

Screenings

- **Blood pressure:** every 1 to 2 years as your PCP advises
- **Chlamydia:** sexually active females under age 25
- **Cholesterol (complete lipoprotein profile, fasting or nonfasting):** ages 20 and older, every 5 years
- **Clinical breast exam:** women ages 20 to 39, every 3 years; ages 40 and older, annually
- **Colon cancer:** ages 50 and older, *one* of the following:
 - hidden blood in stool test, annually
 - flexible sigmoidoscopy, every 5 years
 - hidden blood in stool test plus flexible sigmoidoscopy, every 5 years
 - double-contrast barium enema, every 5 years
 - colonoscopy, every 10 years
- **Diabetes:** ages 45 and older, or if history of gestational diabetes, every 3 years
- **Hearing:** ages 65 and older, as your PCP advises
- **Height and weight:** periodically
- **Mammogram:** women ages 40 and older, annually
- **Pap test:** women ages 19 to 64, at least every 3 years if sexually active and cervix present; women ages 65 and older, may discontinue if prior Pap tests were consistently normal
- **Vision (by Snellen chart):** ages 65 and older, as often as your PCP advises



These preventive health guidelines are based on recommendations from the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, U.S. Preventive Services Task Force, American Cancer Society and other nationally recognized authorities. These preventive health guidelines are only a general guide. Always discuss your particular preventive care needs with your PCP.

Women: During Pregnancy

Pregnant women should visit their PCP or OB/GYN in their first trimester of pregnancy for an initial evaluation and to establish a prenatal care schedule. During this visit your doctor will check your health and the health of your baby. Based on your individual medical history, your doctor may recommend additional tests and care, which may include the following depending on clinical presentation and physician assessment:

- **Vitamins and supplements:** Talk with your doctor about taking a prenatal multivitamin with folic acid. Taking 0.4 mg of folic acid a day can help reduce the risk for neural tube defects.
- **Blood tests:** during first prenatal care visit to detect anemia, hepatitis B, rubella and sexually transmitted diseases, such as syphilis and HIV. They are also used to determine the mother's blood type.
- **Chlamydia culture:** during first prenatal care visit
- **Urine tests:** as recommended by your doctor
- **Diabetes screening:** between weeks 24 and 28
- **Culture for Group B strep:** between weeks 35 and 37 to check for Group B streptococcal infection

Additional tests that may be ordered based on individual health factors:

- **Serum alpha-fetoprotein:** between weeks 16 and 18 to screen for neural tube defects, such as spina bifida
- **CVS (chorionic villus sampling):** before week 13, or **amniocentesis** between weeks 15 and 18; women ages 35 and older and women at risk for passing on certain chromosomal disorders. These tests screen for certain genetic disorders.
- **Multiple marker screening:** between weeks 15 and 18. This test screens for Down syndrome as well as other chromosomal abnormalities.
- **Hemoglobinopathy screening:** if at risk for passing on certain blood disorders, such as sickle cell disease



FOR ADULTS: Physical exams are an important part of preventive care. Be sure to schedule regular exams with your PCP and consult with him or her about additional screenings, examinations and immunizations that may be appropriate.

FOR CHILDREN: Your children will likely need additional preventive care services, such as laboratory screenings or additional immunizations. Consult with your child's PCP about specific recommendations for your child.

Please refer to your benefits materials for specific coverage information.

Meeting Our Definition of Quality

WE BELIEVE that quality includes:

- offering convenient access to quality health care providers
- supporting you and your doctor to help you stay healthy or return to health if you become ill
- making sure you are satisfied with our services
- providing responsive customer service

We maintain these standards with the help of a local quality management committee that includes physicians in the CIGNA HealthCare network. The committee meets regularly to discuss health care trends and how they affect the services we provide. It then recommends ways we can improve those services.

Here are some of the systems we have in place to help us provide access to quality services.

Access to Quality Physicians

We monitor the quality of physicians in the CIGNA HealthCare network. We review each candidate's credentials and practice history before considering him or her for the network. Each physician's credentials are re-evaluated every three years to be sure he or she still qualifies for participation in the network.



Helping You Stay Healthy

We pay attention to how well providers in the network meet your preventive care needs. We regularly collect data from our doctors to find out if members are taking advantage of covered preventive care services, some of which are on the previous two pages.

We regularly provide information to you about CIGNA HealthCare wellness and preventive care programs. We also send birthday cards to wish you well and to remind you about important preventive care services.

Making Sure You Are Satisfied

One way to offer quality customer service is to make sure you have the chance to give us feedback. Here are two ways we ask for your views:

- Several times a year we randomly survey members. This year we

will survey about 70,000 members nationwide. These surveys ask you how you think we are doing. We use this information to help us improve our services.

- Our Member Services Representatives are available to answer your questions and address your concerns or suggestions. Just call us at the toll-free number on your CIGNA HealthCare ID card.

Responsive Customer Service

We need to hear from you, but you also need to hear from us. Here are just a few of the ways we provide you with information about your benefits plan and how it works:

- our Web sites, www.cigna.com and myCIGNA.com, include tools such as an online provider directory and useful articles about health and wellness
- *CIGNA HealthCare Well-Being*, our member newsletter, which is mailed to your home and also available on our Web site

If you have questions about our quality management program, including a report on our progress in meeting our goals, please call Member Services at the number on your CIGNA HealthCare ID card.

HOW WE ASSESS NEW MEDICAL TECHNOLOGY

CIGNA HealthCare has a specific scientific process to review new medical products and procedures.

The CIGNA HealthCare Medical Technology Assessment Committee is made up of physicians and other clinicians. It analyzes literature, policies and technology assessments and evidence summaries from external experts in the field to determine if new technologies will be

approved for coverage. The committee will not approve a new technology until regulatory approval is obtained.

Reliable Sources

The Medical Technology Assessment Committee depends upon peer-reviewed medical articles, clinical studies, approval from governmental bodies such as the U.S. Food and Drug Administration and

independent reviews from experts in the field.

Review Criteria

After a new technology receives final approval from the appropriate government regulatory body (if needed), the committee reviews the technology by looking at the following:

- Is the technology safe and effective?
- Are the trials well-conducted with sound study methodology?

- Are health outcomes positive or do they have a beneficial effect?
- Do positive outcomes outweigh any harmful effects?
- Is the technology available outside of the investigational setting?

Whether a product or procedure is covered also depends upon the specific terms of the member's benefits plan.



Managing Your Medications

You probably know that adults ages 65 and older take more medications than any other age group. Because they are more likely to have several ailments at once, many older adults take multiple medications.

You may find it hard to keep track of multiple medications, especially if you have more than one doctor and more than one pharmacy you go to. Here are some tips to help manage your medications effectively.

Be Informed

Drugs can interact with other drugs, even if they are over-the-counter (OTC) drugs. Drugs may also interact with food, alcohol and dietary supplements. Find out the following information about your prescription and OTC drugs:

- what the drug is for
- the dosage
- what time of day you should take it
- the expiration date
- possible side effects
- interactions the drug may have with other substances
- any other warnings found on the label

Knowing this information can help you prevent the harmful effects of taking medications improperly.



Stay Organized

Taking medications on different schedules can be overwhelming. To stay organized:

- Make a chart of all of the above information and keep it in your medicine cabinet.
- Use a pillbox to separate your medications by the day and time you need to take them.
- Write down any information you may want to report to your doctor, such as side effects you are having, and bring it to your appointments. And make a list of any questions you have, such as what you should do if you miss a dose.

Managing your medications will help you get the most benefit while using them as safely as possible.

Cooking Up Food Safety

According to the Centers for Disease Control and Prevention, about 76 million people in the United States get sick from eating contaminated or poorly prepared food each year. Taking a few precautions in the kitchen can help protect you. Take this quiz to see how your safety skills measure up in the kitchen.

True or False:

1. You should rinse your hands before preparing a meal.

☐ True ☐ False

2. You should use two cutting boards in the kitchen.

☐ True ☐ False

3. It's OK to buy cans that are a little banged up.

☐ True ☐ False

4. It's acceptable to let your child taste cookie or cake batter.

☐ True ☐ False

5. The best way to tell if meat and poultry are done is with a meat thermometer.

☐ True ☐ False

Answers:

1. **False.** Wash your hands with soap and warm water for at least 20 seconds before making a meal and after you handle raw meat or raw eggs.

2. **True.** Use one cutting board for meat, poultry and seafood and the other for items such as bread and fruit. Hand wash the boards after every use. Then put them in the dishwasher or rinse them with bleach and water.

3. **False.** Buy cans that are free of dents and bulges. Wash the lids before opening them to remove any dirt and clean the can opener every time you use it.

4. **False.** Batter may contain raw eggs, which can have bacteria. And avoid other foods made with raw eggs, such as Caesar salad dressing or fresh mayonnaise.

5. **True.** The thermometer will tell you the internal temperatures that meat and poultry should reach to be eaten safely. Fish is done when it flakes easily with a fork and is opaque.



How to Keep Your Heart Healthy

Did you know that heart disease is the leading cause of death for U.S. adults? But there is also some good news. According to the American Heart Association (AHA), the rate of death from heart disease is declining because many people now pay more attention to taking care of their heart. Knowing the causes and risk factors for heart disease can help you prevent it and keep your heart healthy.

How Do I Know if I'm at Risk?

Several factors may increase your risk for heart disease. Answering the following questions may help you find out if you are at risk:

- Are you over age 65?
- Do you have a family history of heart disease?
- Do you have diabetes?
- Do you smoke?
- Is your total cholesterol level over 240?
- Is your blood pressure level over 140/90?
- Do you exercise less than 30 minutes a day on most days of the week?
- Are you overweight?

If you answered yes to at least two of these questions, you may have a

higher risk of developing heart disease.

Can I Lower My Risk?

Although you can't change your age or family history, many risk factors are within your control. The AHA suggests taking the following steps to help keep your heart strong and healthy:

Quit smoking.

According to the AHA, your risk for a heart attack doubles if you smoke. And if you do have a heart attack, smoking increases the risk of it being deadly. Talk with your doctor about how to become a nonsmoker.

Watch your diet.

Simple changes in your diet can significantly lower your risk for heart disease. Aim for a low-fat, low-cholesterol diet with lots of fruits, vegetables and whole-grain foods. Eating these foods can help lower your blood pressure and cholesterol levels and help you maintain a healthy weight.

Get moving. Regular exercise strengthens your heart, improves circulation and works with your diet to help you maintain a healthy weight. The AHA recommends that healthy adults get 30 to

60 minutes of aerobic exercise, such as jogging, swimming or walking, on most days of the week. Check with your doctor before beginning an exercise program.

Visit your doctor.

Your doctor can help you identify early symptoms of heart disease with certain tests and screenings. See your doctor regularly to help monitor your risk.



HAVING A HEALTHY HEART

If you have heart disease, the CIGNA HealthCare Well Aware Program for Your HeartSM may be helpful to you.

Heart disease is the single largest cause of death for U.S. men and women. If you or a covered family member has had angina (chest pain), a heart attack, angioplasty, bypass surgery or congestive heart failure, the CIGNA HealthCare Well Aware Program for Your HeartSM can provide you with the self-management tools and educational materials you need to help manage the condition more effectively. Call 1.800.249.6512 to find out if you are eligible for this program.



How Your Health Care Provider Gets Paid



CIGNA HealthCare compensates health care providers in ways that are intended to emphasize preventive care, promote quality care and ensure the appropriate and cost-effective use of covered medical services and supplies. CIGNA HealthCare reinforces this philosophy through utilization management decisions made by its medical directors and Health Services staff. CIGNA HealthCare employees are encouraged to promote appropriate utilization of covered health care services and to discourage underutilization.

The same criteria apply for physicians eligible to receive additional payments based on their performance. Physician compensation and incentives encourage the provision of medically necessary care. CIGNA HealthCare does not offer incentives to encourage inappropriate utilization and does not compensate employees in a way that rewards them for issuing denials. CIGNA HealthCare considers the physician's quality of care, quality of service and appropriate use of medical services prior to awarding any bonuses and incentives.

The methods by which participating health care providers agree to be compensated are described generally here. The amount and type of compensation a health care provider agrees to accept may vary depending upon the type of plan. For example, a hospital may agree to accept less for services provided to patients enrolled in an HMO plan than to patients enrolled in other types of plans. In addition, CIGNA HealthCare may attempt in various ways to promote the use of those participating providers that are the most cost-effective, while assuring quality and access to covered services and supplies.

SALARY Physicians and other providers who are employed to work in a CIGNA HealthCare staff-model medical facility are paid a salary. The salary is decided in advance each year and is guaranteed regardless of the services provided. Physicians are eligible for a bonus at the end of the year based on performance, which is evaluated using criteria that may include quality of care, quality of service and appropriate and cost-effective use of medical services and supplies.

DISCOUNTED FEE FOR SERVICE Payment for services is based on an agreed-upon discounted amount from the health care provider's bill.

PER DIEM A specific amount is paid to a hospital per day for all health care received. The payment may vary by type of service and length of stay.

BONUSES AND INCENTIVES Some providers may receive additional payments based on their performance, which is measured using criteria that may include quality of care, quality of service and appropriate and cost-effective use of medical services and supplies. Providers may also receive financial and/or nonfinancial incentives that promote utilization of cost-effective participating providers (such as hospitals, labs, specialists and vendors) and covered drugs and supplies.

CAPITATION By mutual agreement, network physicians, provider groups or physician/hospital organizations (PHOs) are paid a fixed amount (capitation) at regular intervals for each member assigned to the physician, group or PHO, whether or not services are provided. This payment covers physician and/or, where applicable, hospital or other services covered under the benefits plan. Medical groups and PHOs may in turn compensate providers using a variety of methods.

Capitation offers health care providers a predictable income, encourages physicians to keep people well through preventive care, eliminates the financial incentive to provide services that will not benefit the patient and reduces paperwork.

Providers paid on a capitation basis may participate in a risk-sharing arrangement with CIGNA HealthCare; they agree on a target amount for the cost of certain services and share all or some of the amount by which costs are over or under the target. Provider services are monitored using criteria that may include accessibility, quality of care, member satisfaction and appropriate and cost-effective use of medical services and supplies.

CIGNA HealthCare may also work with third parties that administer payments to participating providers. Under these arrangements, CIGNA HealthCare pays the third party a fixed monthly amount for these services. Providers are compensated by the third party for services provided to CIGNA HealthCare plan members from the fixed amount. Compensation arrangements vary but generally depend on overall utilization.

CASE RATE A specific amount is paid for all health care received in the hospital for a given hospital stay (such as for a normal maternity delivery).

If you would like to find out which compensation method applies to services you receive from a provider, just ask the provider's administrative staff. CIGNA HealthCare Member Services is available to help with general questions at the toll-free number on your CIGNA HealthCare ID card.

**CIGNA****HealthCare news**

HELPING YOU COPE WITH COPD

Now you can get support if you suffer from chronic obstructive pulmonary disease (COPD). We are pleased to announce the expansion of the CIGNA HealthCare Well Aware Program for Better Health® to include support for eligible members with COPD. Well Aware already assists members with asthma, diabetes, heart disease and low back pain. The program complements the treatment of your Primary Care Physician.

What Is COPD?

COPD includes emphysema and chronic bronchitis—lung diseases that make it difficult to breathe. Smoking, frequent lung infections and exposure to pollutants can cause COPD.

How We Can Help

If you or a covered family member has COPD, the Well Aware program can help. A nurse will call you to offer education and support to help you manage your condition, reduce complications and improve your quality of life. For more information or to find out if you are eligible, call 1.800.249.6512.

CIGNA HEALTHY REWARDS®

More Rewards for Good Health

STRESS, OBESITY AND SMOKING all pose major threats to your health and well-being. CIGNA Healthy Rewards® now offers discounts on self-care programs that can help you relieve stress, lose weight or quit smoking.*

Relieve Stress

The stress management program includes relaxation training to help you relieve stress and its symptoms. You'll learn about meditation, abdominal breathing and guided imagery. Special exercises can help you cope with health-related sources of stress, such as preparing for surgery and managing chronic conditions or pain.



Lose Weight

The weight management program aims to change the behaviors that lead to poor eating and exercise habits. You'll receive nutrition consultations, work

with personal trainers and learn guided imagery and mind-body techniques to help you lose weight. Follow-up sessions over the phone will help you keep it off.



Quit Smoking

The smoking cessation program provides you with a personalized "quit plan," either on the phone or online. You can prepare for your quit date with an expert, such as a registered nurse, registered dietitian or certified health educator. Additional support and services help boost your efforts to quit.

Healthy Rewards® discounts are available at no cost to you. For more information on Healthy Rewards®, visit www.cigna.com or call 1.800.870.3470.

In January, Healthy Rewards® will introduce the "Optical Shop," which will offer rebates and coupons on brand-name optical products and services.

* Not all Healthy Rewards® programs are available in all states.

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